

PTO/SB/81 (04-05) (modified)

POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM											
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450											
Application Number	To Be Assigned										
Filing Date	June 20, 2005										
First Named Inventor	Michaela HOEHNE, et al.										
Title	PLANT CELLS AND PLANTS WHICH SYNTHESIZE A STARCH WITH AN INCREASED FINAL VISCOSITY										
Art Unit	To Be Assigned										
Examiner Name	To Be Assigned										
Attorney Docket No.	65084.000013										
I hereby revoke all previous powers of attorney given in the above-identified application.											
I hereby appoint:											
<input checked="" type="checkbox"/> Practitioners associated with the CUSTOMER NUMBER:	21967										
OR											
<input type="checkbox"/> Practitioner(s) named below:											
<table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></tbody></table>		Name	Registration Number								
Name	Registration Number										
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.											
Please recognize or change the correspondence address for the above-identified application to:											
<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number 21967											
OR											
<input type="checkbox"/> The address associated with Customer Number:											
OR											
<input type="checkbox"/> Firm or Individual Name											
Address											
Address											
City	State Zip										
Country											
Telephone	Facsimile										
I am the: <input type="checkbox"/> Applicant/Inventor.											
<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.											
Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).											
SIGNATURE of Applicant or Assignee of Record											
Signature	Date 15 June 2005										
Typed or Printed Name	Dr. Martin Quanz Telephone +49 331 2000 156										
Title and Company	Bayer CropScience GmbH										
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.											
<input checked="" type="checkbox"/> *Total of <u>1</u> form is submitted.											